

APR 14 2005

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

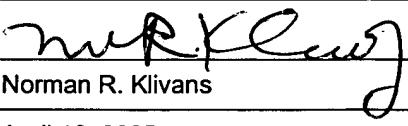
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number 09/916,146 Filing Date July 26, 2001 First Named Inventor Richard A. A. HEYLEN Art Unit 2137 Examiner Name K. Schubert
22 + 6 refs.	
Attorney Docket Number 204 (136922003800)	

ENCLOSURES (Check all that apply)

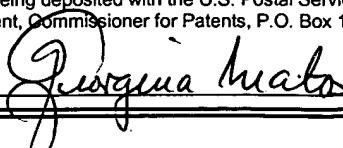
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (14 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a/b + copy (2 pages) Six (6) references Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Norman R. Klivans		
Date	April 12, 2005	Reg. No.	33,003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 336627585 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 12, 2005

Signature: 

(Georgina Matos)



PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	180.00
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Complete if Known

Application Number	09/916,146
Filing Date	July 26, 2001
First Named Inventor	Richard A. A. HEYLEN
Examiner Name	K. Schubert
Art Unit	2137
Attorney Docket No.	204 (136922003800)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEESFee Description

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
23 - 30 = 0	x 50.00	= 0.00	

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5 - 5 = 0	x 200.00	= 0.00	

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
360.00	180.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	250.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00**SUBMITTED BY**

<u>Signature</u>	<u>Norman R. Klivans</u>	Registration No. (Attorney/Agent)	33,003	Telephone	(650) 813-5850
Name (Print/Type)	Norman R. Klivans			Date	April 12, 2005